

Department of Health
STD/AIDS Prevention Branch

Request for Proposals

DOH 04-16
HIV/STD Prevention Services Statewide

RFP No.
DOH-04-16f

Complementary HIV Prevention Services
for Neighbor Islands

August 2004



STATE OF HAWAII
DEPARTMENT OF HEALTH
STD/AIDS Prevention Branch
3627 KILAUEA AVENUE, ROOM 306
HONOLULU, HAWAII 96816-2399

In reply, please refer to:
File:

August 4, 2004

Dear Applicant:

Enclosed please find an application packet for submitting a proposal to the STD/AIDS Prevention Branch, Hawaii State Department of Health, for the provision of HIV/STD prevention services statewide. These services shall be provided beginning January 1, 2005.

The deadline for submitting a proposal is September 1, 2004. Proposals must be postmarked before 12:00 midnight, September 1, 2004, or hand delivered by 4:30 p.m., September 1, 2004. Proposals postmarked after 12:00 midnight, September 1, 2004, or hand delivered after 4:30 p.m., September 1, 2004, shall not be considered and shall be returned to the applicant.

The STD/AIDS Prevention Branch shall conduct an orientation on August 12, 2004, at 10:00 a.m., in Room 418, Diamond Head Health Center, 3627 Kilauea Avenue, Honolulu, Hawaii. Special modifications (e.g., sign language interpreter, large print) can be provided if requested in advance by calling Mr. Tim McCormick at (808) 733-9281. I strongly encourage all prospective applicants to attend this orientation. The discussion which occurs at this session may be of assistance to you as you develop your proposal.

The deadline for submission of written questions is August 20, 2004. All written questions shall receive a written response from the STD/AIDS Prevention Branch by August 24, 2004.

Inquiries regarding this Request for Proposal should be directed to Mr. Tim McCormick at (808) 733-9281.

Sincerely,

A handwritten signature in black ink that reads "Peter Whiticar".

PETER WHITICAR, Chief
STD/AIDS Prevention Branch

Encl:

State of Hawaii
Department of Health
STD/AIDS Prevention Branch

Request For Proposal
No. DOH-04-16

HIV/STD Prevention Services Statewide

August 2004

Section 1

Section 1

Administrative Overview

I. Authority

This RFP is issued under the provisions of the Hawaii Revised Statutes, Chapter 103F and its administrative rules. All prospective applicants are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective applicant shall constitute admission of such knowledge on the part of such prospective applicant.

II. RFP Organization

This RFP is organized into five sections:

Section 1, Administrative Overview--Provides applicants with an overview of the procurement process.

Section 2, Service Specifications--Provides applicants with a general description of the tasks to be performed, delineates applicant responsibilities, and defines deliverables (as applicable).

Section 3, POS Proposal Application--Describes the required format and content for the proposal application.

Section 4, Proposal Evaluation--Describes how proposals will be evaluated by the state purchasing agency.

Section 5, Attachments --Provides applicants with information and forms necessary to complete the application.

III. Contracting Office

The Contracting Office is responsible for overseeing the contract(s) resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider performance. The Contracting Office is:

STD/AIDS Prevention Branch
Department of Health
State of Hawaii
3627 Kilauea Avenue, Room 306
Honolulu, Hawaii 96816
Telephone: (808) 733-9010 Fax: (808) 733-9015

IV. Procurement Timetable

<u>Activity</u>	<u>Scheduled Date</u>
Public notice announcing RFP	<u>Aug. 4, 2004</u>
Distribution of RFP	<u>Aug. 4, 2004</u>
RFP orientation session	<u>Aug. 12, 2004</u>
Closing date for submission of questions	<u>Aug. 20, 2004</u>
State purchasing agency's response to applicants' questions	<u>Aug. 24, 2004</u>
Discussions with applicant prior to proposal submittal deadline	<u>N/A</u>
Proposal submittal deadline	<u>Sept. 1, 2004</u>
Discussions with applicant after proposal submittal deadline	<u>N/A</u>
Final revised proposals	<u>N/A</u>
Proposal evaluation period	<u>Sept. 1-Nov. 5, 2004</u>
Provider selection and award	<u>Nov. 5, 2004</u>
Notice of statement of findings and decisions	<u>Nov. 15, 2004</u>
Contract start date	<u>Jan. 3, 2005</u>

V. Orientation

An orientation for applicants in reference to the request for proposals will be held on August 12, 2004, at 10:00 a.m., in Room 418, Diamond Head Health Center, 3627 Kilauea Avenue, Honolulu, Hawaii. Special modifications (e.g. sign language interpreter, large print, taped materials, etc.) can be provided, if requested in advance by calling Mr. Tim McCormick at (808) 733-9281.

Applicants are encouraged to submit written questions prior to the orientation. Impromptu questions will be permitted and spontaneous answers provided at the orientation at the state purchasing agency's discretion. Verbal answers provided at the orientation are only intended as general direction and may not represent the state purchasing agency's position. Formal official responses will be provided in writing.

VI. Submission of Questions

Applicants may submit questions in writing to the RFP Contact Person(s) identified in Section 2 of this RFP. The deadline for submission of written questions is August 20, 2004. All written questions will receive a written response from the state purchasing agency. State purchasing agency response to applicant questions will be sent by August 24, 2004.

VII. Submission of Proposals

Proposals must contain the following components. Please refer to the Competitive POS Application Checklist (Section 5, Attachment A) for information on: 1) where to obtain the forms/instructions; 2) additional program specific requirements; and 3) the order in which all components of the application should be assembled and submitted to the state purchasing agency are as follows:

- (1) ***POS Proposal Application, including Title Page and Table of Contents*** - Applicant shall submit comprehensive narratives that addresses all of the issues contained in the POS Proposal Application, including a cost proposal. (Refer to Section 3 of this RFP)
- (2) ***Competitive POS Application Check List*** - Provides applicants with information on where to obtain the required forms; information on program specific requirements; and the order in which all components should be assembled and submitted to the state purchasing agency.
- (3) ***Registration Form*** (SPO-H-100A) - If applicant is not pre-registered with the State Procurement Office (licensing and business status), this form must be submitted with the application.
- (4) ***Tax Clearance Certificate*** (Form A-6) - An original or certified copy of a tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) shall be submitted with the proposal by the due date and time. The two-part Tax Clearance Application (Form A-6) that combines DOTAX and IRS tax clearance shall be used for this purpose.
- (5) ***Certifications*** - Federal and/or State certifications, as applicable.
- (6) ***Program Specific Requirements*** - Additional program specific requirements are included in Section 3, Item IV (Service Delivery) of the POS Proposal Application, as applicable.

Unless multiple or alternate proposals are specifically provided for in Section 2 of this RFP, multiple or alternate proposals shall not be accepted--provided that if an applicant clearly indicates a primary proposal, it shall be considered for award as though it were the only proposal submitted by the applicant.

One original and three copies of the proposal are required. A separate copy of the proposal must be submitted on a 3.5" diskette in Word 2000 or WordPerfect 6.0, or later version, format. Proposals must be postmarked before 12:00 midnight, September 1, 2004, or delivered to the STD/AIDS Prevention Branch by 4:30 p.m., September 1, 2004. Any proposal postmarked or received after the designated date and time shall be rejected.

Mailing Address:

**STD/AIDS Prevention Branch
Hawaii State Department of Health
Prevention RFP
ATTN: Ray Higa
3627 Kilauea Avenue, Room 306
Honolulu, Hawaii 96816**

Delivery Address:

**STD/AIDS Prevention Branch
Hawaii State Department of Health
Prevention RFP
ATTN: Ray Higa
728 Sunset Avenue, 2nd Floor
Honolulu, Hawaii**

VIII. Discussions with Applicants Prior to, or After Proposal Submittal Deadline

Discussions may be conducted with applicants who submit proposals determined to be reasonably susceptible of being selected for award, but proposals may be accepted without discussions, in accordance with the administrative rules.

IX. Additional Materials and Documentation

Upon request from the state purchasing agency, each applicant shall submit any additional materials and documentation reasonably required by the state purchasing agency in its evaluation of the proposals.

X. RFP Amendments

The State reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

XI. Final Revised Proposals

The applicant's final revised proposal, as applicable to this RFP, must be delivered by the date and time specified by the state purchasing agency. Any final revised proposal post-marked or received after the designated date and time will be rejected. If a final revised proposal is not submitted, the previous submittal will be construed as their best and final offer/proposal. *Only the section(s) of the proposal that are amended shall be submitted by the applicant, along with the POS Proposal Application Title Page.* After final revised proposals are received, final evaluations will be conducted for an award.

XII. Cancellation of Request for Proposal

The request for proposal may be canceled and any or all proposals may be rejected in whole or in part, when it is determined to be in the best interests of the State.

XIII. Costs for Proposal Preparation

Any costs incurred by applicants in preparing or submitting a proposal are the applicants' sole responsibility.

XIV. Provider Participation in Planning

Provider participation in a state purchasing agency's efforts to plan for or to purchase health and human services prior to the state purchasing agency's release of a request for proposals, including the sharing of information on community needs, best practices, and providers' resources, shall not disqualify providers from submitting proposals if conducted in accordance with sections 3-142-203 and 3-143-618 of the Hawaii Administrative Rules for Chapter 103F, HRS.

XV. Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any one or more of the following reasons: (Relevant sections of the Hawaii Administrative Rules for Chapter 103F, HRS are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith. (Section 3-141-201)
- (2) Rejection for inadequate accounting system. (Section 3-141-202)
- (3) Late proposals (Section 3-143-603)
- (4) Inadequate response to request for proposals (Section 3-143-609)
- (5) Proposal not responsive (Section 3-143-610 (1))
- (6) Applicant not responsible (Section 3-143-610 (2))

XVI. Opening of Proposals

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped and, when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to public inspection after a contract has been awarded and executed by all parties.

XVII. Notice of Award

A Notice of Award containing a statement of findings and decision shall be provided to all applicants by mail upon completion of the evaluation of competitive purchase of service proposals.

XVIII. Protests

Any applicant may file a protest (using a prescribed form provided by the administrator of the State Procurement Office) against the awarding of the contract as long as an original and two copies of the protest is served upon the head of the state purchasing agency that conducted the protested procurement, and the procurement officer who handled the protested procurement, by United States mail, or by hand-delivery. Protests regarding awards of contracts and related matters that arise in connection with a procurement made under a competitive purchase of services shall be served within five working days of the postmark of the notice of findings and decision sent to the protester. Only the following matters may be protested:

- (1) a state purchasing agency's failure to follow procedures established by Chapter

103F of the Hawaii Revised Statutes;

- (2) a state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) a state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a request for proposals issued by the state purchasing agency.

Head of State Purchasing Agency

Name: Chiyome Leinaala Fukino, M.D.

Title: Director of Health

Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801

Business Address: 1250 Punchbowl Street, Honolulu, Hawaii

Procurement Officer

Name: Valerie Ako

Title: Chief, Administrative Services Office

Mailing Address: P.O. Box 3378, Honolulu, Hawaii 96801

Business Address: 1250 Punchbowl Street, Honolulu, Hawaii

XIX. Availability of Funds

The award of a contract and any allowed renewal or extension thereof, is subject to allotments to be made by the Director of Finance, State of Hawaii, pursuant to Chapter 37, Hawaii Revised Statutes, and subject to the availability of State and/or Federal funds.

XX. Criteria by Which the Performance of the Contract Will be Monitored and Evaluated

The criteria by which the performance of the contract will be monitored and evaluated are:

- (1) Performance Measures
- (2) Output Measures

- (3) Quality of Care/Quality of Services
- (4) Financial Management
- (5) Administrative Requirements

XXI. General and Special Conditions of Contract

The general conditions that will be imposed contractually are contained in the POS Manual. Special conditions may also be imposed contractually by the state purchasing agency, as deemed necessary.

XXII. Cost Principles

In order to promote uniform purchasing practices among state purchasing agencies procuring health and human services under Chapter 103F, HRS, state purchasing agencies will utilize standard cost principles outlined in Form SPO-H-201. Nothing in this section shall be construed to create an exemption from any cost principle arising under federal law.

STD/AIDS Prevention Branch

RFP No. DOH-04-16f

Complementary HIV Prevention Services
for Neighbor Islands

Section 2

Section 2 Service Specifications

I. INTRODUCTION

A. BACKGROUND

The mission of the STD/AIDS Prevention Branch (SAPB) of the Hawai`i State Department of Health is to empower people in Hawai`i to make responsible health decisions for themselves and others by providing statewide leadership and coordination for the prevention, treatment, care and surveillance of infections transmitted primarily through sexual contact or injection drug use; and by assuring the accessibility and delivery of client-centered, non-judgmental, and comprehensive services with the spirit of aloha and respect.

The SAPB provides leadership in program assessment, development and assurance. The SAPB coordinates planning and monitors HIV/STD services provided by the Hawai`i State Department of Health or through purchase of services contracts for both HIV prevention and care for those with HIV/AIDS.

B. PURPOSE OR NEED

The purpose of this procurement is to secure HIV/STD prevention services that will reduce the transmission of HIV.

C. DESCRIPTION OF THE GOALS OF THE SERVICE

Increase knowledge of serostatus and reduce the frequency of HIV risk behaviors among individuals in one or more neighbor island area at risk for contracting or transmitting HIV.

D. DESCRIPTION OF THE FOCUS POPULATION TO BE SERVED

People living with HIV; men who have sex with men and inject drugs (MSM/IDU); men who have sex with men (MSM); injecting drug users (IDU); transgender individuals (TG) at risk; women at risk.

E. GEOGRAPHIC COVERAGE OF SERVICE

Hawai`i island; Maui; and/or Kauai

F. PROBABLE FUNDING AMOUNTS, SOURCES, AND PERIOD OF AVAILABILITY

1. Total funding: \$45,000 per year pending availability of funds.
2. Source of funds: Federal
3. Availability: 1/1/05-12/31/05 with an extension possible for 1/1/06-12/31/06

II. GENERAL REQUIREMENTS

A. SPECIFIC QUALIFICATIONS OR REQUIREMENTS, INCLUDING BUT NOT LIMITED TO LICENSURE OR ACCREDITATION

None

B. SECONDARY PURCHASER PARTICIPATION

N/A

C. MULTIPLE OR ALTERNATE PROPOSALS

Allowed Unallowed

D. SINGLE OR MULTIPLE CONTRACTS TO BE AWARDED

Single Multiple Single & Multiple

E. SINGLE OR MULTI-TERM CONTRACTS TO BE AWARDED

Single term (< 2 yrs) Multi-term (> 2 yrs)

Contract terms: The Contractor will provide the above services from January 1, 2005 to December 31, 2005 with the possibility of one (1) additional twelve month extension.

F. RFP CONTACT PERSON

The individuals listed below are the points of contact from the date of release of this RFP until the selection of the winning provider or providers. Questions will be accepted if submitted to the RFP contact persons and received on or before the deadline for submission of questions in Section I, Item VI of this RFP.

Mr. Tim McCormick: (808) 733-9281; or
Mr. Ray Higa: (808) 733-9010
STD/AIDS Prevention Branch

III. SCOPE OF WORK

A. FOCUS POPULATION

The STATE seeks HIV prevention services that are consistent with recommendations made by the Hawai'i State HIV Prevention Community Planning Group (CPG) in the 2004 Update to the Comprehensive HIV Prevention Plan for Hawai'i ("The Plan"). The Plan identifies six populations prioritized for HIV prevention services.

1. PRIORITY POPULATIONS

Through this RFP the STATE seeks the provision of services to one or more of the priority populations which are, in order of priority:

- a. **Persons living with HIV** at risk for transmitting HIV. Services to this population aim to reduce new HIV infections primarily by assisting individuals in reducing their risk of transmitting HIV to others.
- b. **Men who have sex with men and inject drugs (MSM/IDU)**. The prioritization of MSM/IDU as the second highest priority population reflects that while this is a small population, their HIV risk is extremely high and intensive prevention services are appropriate.
- c. **Men who have sex with men (MSM)**. MSM represent the majority of persons living with HIV in the State. This priority population includes both adult and young MSM, and men who identify themselves as gay or bisexual, as well as MSM who do not identify as gay or bisexual.
- d. **Injecting drug users (IDU)**. This includes male, female and transgender IDU of all ages. Despite rates considered low by national standards, IDU in Hawai'i have been significantly impacted by HIV and the sharing of drug injection equipment remains a risk for HIV.
- e. **Transgender individuals (TG) at risk**. For the purposes of these services, TG is used to refer to individuals who were born biologically male and do not currently identify themselves as male, also referred to as male to female (MTF) TG. This priority population includes both adult and young TG.

- f. **Women at risk.** This includes both young and adult women. Women at highest risk for contracting or transmitting HIV are considered to be those women who inject drugs; exchange sex for money or drugs; engage in unprotected sex in the context of drug use, particularly crystal methamphetamine or crack cocaine; and/or have one or more sexual partners who are HIV+, MSM, or IDU.

2. **SUB-POPULATIONS**

The Plan identifies sub-populations that exists within and across the priority populations. The Plan does not prioritize sub-populations relative to each other. In alphabetical order they are:

- a. the homeless;
- b. individuals in the military;
- c. individual in prison, on probation or on parole;
- d. individuals in rural areas;
- e. individuals in urban areas;
- f. men who have sex with men and women;
- g. the mentally ill;
- h. races/ethnicities (Caucasian; Asian; Native Hawaiian; Pacific Islander; African American; Latino; and Native American);
- i. sex industry workers;
- j. substance users; and
- k. youth.

Applicants may propose to serve individuals from one or more of the priority populations by targeting one or more identified sub-populations. A justification based on need must be provided.

3. **INDIVIDUALS AT RISK FOR CONTRACTING OR TRANSMITTING HIV**

Services are to be provided only to individuals who are at risk for contracting or transmitting HIV. Services must prioritize individuals who are engaging in behaviors with the greatest risk for contracting or transmitting HIV.

Behaviors understood to place individuals at highest risk for contracting or transmitting HIV are:

- a. vaginal or anal sex, without the proper use of a condom, with an individual of opposite serostatus, or with an individual of unknown

serostatus when one of the individuals is at high risk for HIV (he/she is MSM, IDU, TG, or has other partners who are HIV+ or are members of those groups);

- b. sharing drug injection equipment; and/or
- c. vaginal sex without the proper use of a condom, between two HIV+ individuals when there is the possibility of pregnancy.

B. SERVICE ACTIVITIES

The STATE seeks HIV preventions services that are consistent with the recommendations made by CPG in the Plan. The Plan prioritizes interventions for each priority population as “critical”; “important”; or “less important/not applicable.” The highest priority interventions, those identified as critical, are being sought through other RFPs (RFPs for “Core Services”). Through this RFP for “Complementary Services,” the STATE seeks the provision of services that represent one or more of the interventions prioritized in the Plan as **important**. In addition, applicants may propose to conduct interventions identified in the Plan as critical for a particular priority population in conjunction with, and as a component of one or more of the interventions identified as important. For example, in conjunction with one or more of the interventions indicated below, an applicant may propose to conduct HIV antibody counseling, testing & referral (CTR), an intervention identified in the Plan as critical for each of the priority populations. (See *Attachment G* for a list of interventions identified in the Plan as critical for each particular priority populations).

1. INTERVENTIONS BY PRIORITY POPULATION

The following interventions are those that are prioritized in the Plan as important for each of the indicated priority populations and are supported by this RFP.

a. Interventions people living with HIV

- (1) Outreach.

b. Interventions for MSM/IDU

No interventions were identified as important for MSM/IDU; all interventions were identified as either critical or less important/not applicable. As such, this RFP does not support any interventions targeted exclusively to MSM/IDU. Applicant may still propose to serve MSM/IDU as a part of services provided to HIV infected persons, MSM and/or to IDU.

c. Interventions for MSM

- (1) Individual-level Interventions;
- (2) Group-level Interventions;
- (3) Community-level Interventions;
- (4) Health Communication / Public Information; and
- (5) HIV Prevention Case Management for MSM who are substance users or dually diagnosed.

d. Interventions for IDU

- (1) Group-level Interventions; and
- (2) HIV Prevention Case Management for IDU who are incarcerated, dually diagnosed, or homeless.

e. Interventions for TG at risk

- (1) Group-level Interventions;
- (2) Community-level Interventions; and
- (3) HIV Prevention Case Management.

f. Interventions for Women at risk

- (1) Group-level Interventions;
- (2) Health Communication / Public Information; and
- (3) HIV Prevention Case Management.

2. DESCRIPTIONS OF INTERVENTIONS

The fundamental elements of each intervention remain the same regardless of the priority population targeted. As outlined above, each of these interventions is supported only for particular priority populations.

a. Outreach

Some individuals in need of services will not seek them out. Broadly defined, outreach involves providers or trained peers seeking out client and bring the service to them. This RFP supports outreach to:

- (1) Persons living with HIV to engage them in primary prevention services.

b. Individual-level Interventions (ILI)

ILI focus directly on changing HIV-risk related behaviors. ILI is a multiple session intervention with a completed intervention considered to be at least 3 sessions. Each session should last between 30 and 90 minutes. The intervention includes a client-centered assessment of HIV risk behaviors and an individualized risk reduction plan, developed jointly by the client and the prevention worker to assist the client in planning and implementing goals and strategies for the client to reduce his/her risk for contracting or transmitting HIV. The intervention must include activities to build appropriate skills the client can use in reducing their risk. For individuals in ILI who are unsure of their serostatus, the important of learning one's status should be emphasized, and high priority should be placed on encouraging and supporting these individuals to access CTR. Individuals in these ILI who learn that they are HIV infected must be seamlessly linked to P4P services funded through the Core Services contracts. This RFP supports ILI to:

- (1) MSM who are HIV negative or unsure of their status.

c. Group-level Interventions (GLI)

GLI aim to change individuals' behaviors in group settings. GLI is a multiple session intervention that includes risk reduction information and skills building components. In group level interventions interaction takes place not only between individual participants and the provider, but also among participants. This RFP supports GLI to:

- (1) MSM;
- (2) IDU;
- (3) TG at risk; and/or
- (4) Women at risk.

d. Community-level Interventions (CLI)

CLI are designed to reach a defined community rather than an individual. "Community" in this sense does not refer to the general community in a particular geographic area, but rather to people connected to one another by existing social networks, and with some degree of shared communications, activities, and interests.

The specific intention of such an intervention is to change attitudes, norms and practices within the identified community through health communications, social marketing, community mobilization and organization, policy and structural interventions, and community wide events. Community level interventions involve members of the community in all phases of the intervention, from the initial ground work of defining and identifying the community, community leaders, and the community norms relevant to HIV, to the implementation of the intervention. This RFP support CLI to:

- (1) MSM; and/or
- (2) TG at risk.

e. Health Communication / Public Information (HC/PI)

HC/PI involves the delivery of planned HIV prevention messages through one or more channels to target audiences to build support for safer behaviors, to support personal risk-reduction efforts, and/or to inform persons at risk of infection how to obtain specific services. This includes targeted use of media to reach a narrow segment such as policy makers through news events, or a broad general public strategy to provide late breaking news, reinforce existing attitudes and information, counteract misleading rumors, or reduce negative attitudes. Health communication/public information activities include print media (fliers, brochures, newspaper, posters), electronic media (websites, radio, and television), hotline and clearinghouse services, and informational presentations and lectures. This RFP supports HC/PI to:

- (1) MSM; and/or
- (2) Women at risk.

f. HIV Prevention Case Management (PCM)

Some individuals face considerable barriers to reducing their risk for contracting or transmitting HIV, and their risk behavior cannot be changed through the risk assessment, counseling, encouragement, and skills-build that occur during ILI. These individual may be able to reduce their risk through participation in a PCM intervention. PCM programs are required to have a written program protocol. PCM is a multiple session intervention which includes substance abuse and/or mental health counseling services.

As such, PCM requires the availability of staff with appropriate clinical skills to provide these services. During a PCM intervention issues such as substance misuse, mental health, housing, and medical services are often addressed when they create barriers to HIV risk reduction. The focus and intent of the intervention, however, must always be reducing HIV risk behavior. ILI are prioritized as critical for each of the priority populations, and these will be provided through the Core Services contracts. PCM is a more resource intensive intervention than ILI, and as such should be implemented only with clients who are not able to reduce their risk through ILI, and whose HIV risk is likely to be reduced through PCM. Should an applicant propose PCM, the proposal must clearly demonstrate the capacity of the applicant to provide PCM, and must provide strong evidence of the applicant's ability to collaborate with providers of the Core Services. This RFP supports PCM to:

- (1) substance using or dually diagnosed MSM;
- (2) IDU who are incarcerated, dually diagnosed, or homeless;
- (3) TG at risk; and/or
- (4) women who inject drugs; exchange sex for money or drugs; engage in unprotected sex in the context of drug use, particularly crystal methamphetamine or crack cocaine; and/or have one or more sexual partners who are HIV+, MSM, or IDU.

3. LINKAGE TO HIV ANTIBODY COUNSELING, TESTING AND REFERRAL SERVICES (CTR)

It is critical that individuals who are HIV infected learn their HIV status. Individuals who find out that they are HIV infected can access medical interventions to maintain their health, and can take steps to reduce their risk of transmitting HIV to others. Individuals with current high risk behavior who do not test HIV positive can be supported in retesting at appropriate intervals, and can be provided with assistance in changing their current high-risk behaviors. Linkage to CTR should be an integral part of services proposed in response to this RFP.

4. INTEGRATION OF SEXUALLY TRANSMITTED DISEASE (STD) & VIRAL HEPATITIS SERVICES IN HIV PREVENTION

a. Sexually Transmitted Diseases (Syphilis, Gonorrhea &

Chlamydia)

Many individuals at risk for transmitting or contracting HIV may also be at risk for transmitting or contracting other sexually transmitted infections. Screening for and treatment of syphilis, gonorrhea and chlamydia not only improve the health of those infected and prevent further spread of these diseases, but may also play a significant role in reducing the spread of HIV. Linkages to STD screening and treatment should be incorporated into HIV prevention efforts for appropriate clients. The SAPB will provide training on STDs, and will be available to assist and support agencies in integrating STD prevention into HIV prevention programs.

b. Viral Hepatitis

Many individuals at risk for transmitting or contracting HIV may also be at risk for transmitting or contracting viral hepatitis. Vaccinations for Hepatitis A and B are available and information about the availability of these vaccinations, and linkages to Hepatitis A and B screening and vaccinations should be incorporated into HIV prevention efforts for appropriate clients. Information on Hepatitis C, as well and linkages to Hepatitis C screening and treatment should be incorporated into HIV prevention for appropriate clients. The SAPB Hepatitis Coordinator will be available to assist and support agencies in integrating viral hepatitis prevention into HIV prevention programs.

B. MANAGEMENT REQUIREMENTS

1. PERSONNEL

a. Staffing

A funding level of \$45,000 per year should support no less than 0.80 FTE prevention workers to conduct activities such as those related to Outreach, ILI, GLI and CLI. PCM interventions and some HC/PI activities (e.g., media campaigns) may be more resource intensive and may therefore not permit staffing at this level. If the proposed staffing level for prevention workers is less than 0.80 FTE, the proposal must describe the resource requirements which limit the staffing level and provide a

justification for the proposed staffing level.

b. Staff Training and Development

Applicant shall insure that:

- (1) **Outreach Worker Meeting requirements:** program staff participate fully in statewide outreach worker meetings related to the proposed population(s) to be served, including, as appropriate: P4P for primary prevention to people living with HIV; Gay-MAP for MSM; T-CAC for TG; WRAC for women. P4P and Gay-MAP meet quarterly; T-CAC and WRAC meet biannually. Participation shall include attendance at each of the relevant outreach worker meetings by a minimum of one staff member who is prepared to represent the provider's program. Expenses related to staff time, inter-island and ground transportation for attendance at these meetings shall be the responsibility of the contracted agency and should be reflected in the proposed budget;
- (2) **Evaluation requirements:** the contracted agency send representation to one SAPB evaluation training each year of the contract. Appropriate representation includes agency personnel involved with evaluation of prevention interventions (for example, the HIV Prevention Director). Expenses related to staff time, inter-island and ground transportation for attendance at these meetings shall be the responsibility of the contracted agency and should be reflected in the proposed budget. During periodic site visits, the Evaluation Specialist will meet with appropriate agency staff to discuss evaluation issues or conduct training on evaluation or data collection;
- (3) **AEQ Requirements:** all prevention workers working more than .5 FTE on this contract attend a minimum of three AIDS Educators Quarterly (AEQ) meetings annually. Prevention workers working .5 FTE or less shall attend a minimum of one AEQ meeting annually. Expenses related to staff time, inter-island and ground transportation for attendance at these meetings shall be the responsibility of the contracted agency and should be reflected in the proposed budget;
- (4) **New Staff Training Requirements:** new staff members receive initial training within sixty (60) days of

employment. This training shall ensure that they:

- (a) have correct factual knowledge of HIV, STDs and hepatitis, including:
 - (i) history and epidemiology of the HIV epidemic;
 - (ii) biology of HIV;
 - (iii) modes of HIV transmission;
 - (iv) information on STDs;
 - (v) information on hepatitis A, B & C;
 - (vi) populations at risk for HIV;
 - (vii) utilizing theories of behavioral interventions;
 - (viii) treatment of HIV infection;
 - (ix) community resources statewide; and
 - (x) HIV antibody counseling and testing sites statewide.
- (b) understand clearly the populations to be served under this contract;
- (c) understand the purposes of activities they will be implementing;
- (d) are oriented to behavioral interventions;
- (e) understand basic methods and uses of evaluation; and
- (f) are familiar with the specific requirements of the contract.

Arrangements for, and any expenses related to, this training shall be the responsibility of the contracted agency.

Completion by each new staff member of all elements of this training, and how this training was provided, shall be reported to the SAPB in the quarterly program reports; and

- (5) **Outreach Training and Support Requirements:** all prevention workers receive appropriate training and support on an on-going basis. All training completed by staff shall be reported to the SAPB in the quarterly program reports. SAPB and SAPB contractors will provide, at no charge, various types of training and support to the staff of agencies contracted to provide HIV prevention services under this and other RFPs. Expenses related to staff time and inter-island travel will be the responsibility of the contracted agency, and should be reflected in the proposed budget. All prevention workers working more than .5 FTE shall, over the course of the annual contract period and in addition to activities required above in items (1)-(4), attend a minimum

of one off-island training or support activities approved by the SAPB.

2. ADMINISTRATIVE

Applicant shall conduct its business affairs in a professional manner that meets or exceeds the standard industry practices for similarly situated providers as to the following areas, as applicable:

- a. fiscal or accounting policies and procedures, or both;
- b. written personnel policies and procedures;
- c. written program policies and procedures;
- d. written policies required by applicable federal, state, or county laws; and
- e. client and employee grievance policies and procedures.

3. QUALITY ASSURANCE AND EVALUATION SPECIFICATIONS

Activities to monitor, evaluate, report, and improve the results of the program must be an integral part of program design, and these activities must be proposed in the application. The applicant shall describe how it plans to evaluate its program and use that information internally for program improvement. In addition, contracted agencies are required to collect and report data on the implementation of all intervention activities as stipulated by SAPB. The data required for reporting to SAPB are specified in *Section 5.a Reporting Requirements for Program and Fiscal Data*.

Throughout the contract period, the contracted agency will also be required to:

- a. discuss any planned **outcomes monitoring** or **outcomes evaluation** activities with SAPB before implementation;
- b. submit any instruments used for **outcomes monitoring** or **outcomes evaluation** to SAPB for review;
- c. participate in any evaluation activities conducted by the SAPB or its contractors;
- d. submit any proposed **outcomes evaluation** studies involving prevention interventions funded by SAPB, even if the evaluation itself is not funded by SAPB, to the DOH institutional review board (IRB) for approval, as required by both CDC and DOH policy;
- e. conform to changes in reporting requirements mandated by the CDC and/or DOH;
- f. collect client-level data, as required by SAPB;

- g. submit required data to DOH as mandated by the CDC and/or DOH; and
- h. make available HIV prevention data for audit by SAPB

Applicants should plan to devoted a minimum of 5% of staffing time to evaluation-related activities.

4. PROGRAM REVIEW PANEL REQUIREMENTS

The federal government requires that the contents of HIV prevention written materials, pictorials, audiovisuals, questionnaires, survey instruments and education session be approved by a Program Review Panel prior to use. Aforementioned content obtained, developed, implemented, or distributed with funds under this RFP must be submitted to the SAPB for review and approval by the Program Review Panel convened for this purpose.

5. PERFORMANCE MEASURES

Program activities must clearly explain their program logic and should be based on intervention models with proven effectiveness. Whenever possible, proposed programs should be based on programs found to be proven effective in the published literature. Program logic should link the intervention with the pertinent performance measures.

The contract based on this RFP includes performance measures which have been operationalized as objectives for each intervention. The applicant shall use the objectives provided in the *POS Proposal Application*. The applicant is required to propose objectives by filling in appropriate numbers for each objective, reflecting realistic goals. The contracted agency will be evaluated based on its performance on objectives during the contract period. Note that the STATE reserves the right to negotiate with the selected applicant the modification of proposed objectives prior to the execution of a contract.

All interventions will have associated objectives and the applicant must explain the intended results of all interventions in their proposal.

Measurement of objectives can be accomplished using data collection forms provided by SAPB. Data collection will become electronic when release 2.0 of the CDC's Program Evaluation and Monitoring System (PEMS) is implemented in Hawai'i in May 2005.

6. REPORTING REQUIREMENTS FOR PROGRAM AND FISCAL DATA

- a. provide the State with written program and budget reports within thirty

- (30) days after the end of each quarter. These reports shall consist of:
1. a **budget report** indicating expenses incurred;
 2. a **table** indicating the provider's quarterly and year-to-date progress on contract objectives;
 3. **client-level data** for all clients in HIV prevention interventions will be collected and submitted to the SAPB. The format for data collection and the process for submission will follow CDC and DOH guidelines. Note that aggregate data will be collected and submitted for outreach clients;
 4. a **narrative report**. The narrative must include a description of progress on objectives and other service requirements, analysis of program implementation, how information gained from process evaluation has been used for program improvement, insights learned from experiences during the past quarter, barriers to implementing services as planned, modifications to service delivery, and any other points that might improve SAPB understanding of the program. As needed, SAPB will provide written or oral feedback. The subsequent quarterly report must address the issues raised; and
 5. **any additional information requested** by CDC or DOH to satisfy program monitoring requirements.
- B. provide the State with an **annual or final written report** within thirty (30) days after the end of the year or contract period. This report shall reflect the results of the program, including accomplishment of service requirements, populations served, development of program methodology, lessons learned, and adherence to projected budget costs, including a list of all equipment purchased during the year or contract period. An annual report is required at the end of each year of an ongoing contract and must cover the entire year. A final report is to be submitted in place of an annual report at the end of the contract and must cover the entire contract period. Final and annual reports are required in addition to quarterly reports; at the end of each year, a final or annual report for a program must be submitted in addition to a quarterly report.

7. PRICING OR PRICING METHODOLOGY

Cost reimbursement

8. UNITS OF SERVICE AND UNIT RATE (AS APPLICABLE)

N/A

STD/AIDS Prevention Branch

RFP No. DOH-04-16f

Complementary HIV Prevention Services
for Neighbor Islands

Section 3

Section 3 POS Proposal Application

General instructions for completing applications:

- *POS Proposal Applications shall be submitted to the state purchasing agency using the prescribed format outlined in this section.*
- *The numerical outline for the application and the titles/subtitles should be retained. The instructions for each section however may be omitted. The applicant organization and RFP identification information should appear at the top right hand corner of each page.*
- *Page numbering of the POS Proposal Application should be consecutive, beginning with page one and continuing through the complete proposal, including all attachments.*
- *Applications must be in a standard 12 point font, single spaced, with one inch margins.*
- *Applicants must also include a Table of Contents with the POS Proposal Application. A sample format is reflected in Section 5, Attachment B of this RFP.*
- *A written response is required for each item, unless indicated otherwise. Failure to answer any of the items will impact upon an applicant's score.*

The POS Proposal Application comprises the following sections:

- *Title Page*
- *Table of Contents*
- *Executive Summary*
- *Experience and Capability*
- *Personnel: Project Organization and Staffing*
- *Service Delivery*
- *Financial*
- *Other*

I. EXECUTIVE SUMMARY

The Executive Summary shall clearly and concisely summarize and highlight the contents of the proposal in such a way as to provide the STATE with a broad understanding of the entire proposal. **Include a brief description of the applicant's organization, the goals and objectives related to the service activity, and how the proposed service is designed to meet the problem/need.** The executive summary should be approximately one to two pages in length.

I. EXPERIENCE AND CAPABILITY

A. NECESSARY SKILLS AND EXPERIENCE

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the delivery of the proposed services. The applicant shall also provide a listing of verifiable experience with projects or contracts for the most recent five years which are pertinent to the proposed services.

B. COORDINATION OF SERVICES

The applicant shall demonstrate the capability to coordinate services with other agencies and resources in the community.

C. FACILITIES

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the proposed services. If facilities are not presently available, describe plans to secure facilities. Also, describe how the facilities meet ADA requirements, as applicable, and special equipment that may be required for the services.

III. PERSONNEL: PROJECT ORGANIZATION AND STAFFING

A. PROPOSED STAFFING

The applicant shall describe the proposed staffing pattern, indicating the proposed positions and FTE of regular and contract staff. (Refer to the personnel requirements in the Service Specifications, as applicable.)

B. STAFF QUALIFICATIONS

The applicant shall provide the minimum qualifications (including experience) for staff assigned to the program. (Refer to the qualifications in the Service Specifications, as applicable.)

C. SUPERVISION AND TRAINING

The applicant shall describe its ability to supervise, train and provide administrative direction relative to the delivery of the proposed services.

The applicant shall describe plans for the ongoing training and development of

staff, and include clear measurable objectives.

D. ORGANIZATION CHART

The applicant shall reflect the position of each staff and line of responsibility/supervision. (Include position title, name and full time equivalency.) Both the “Organization-wide” and “Program” organization charts shall be attached to the POS Proposal Application.

IV. SERVICE DELIVERY

The Service Delivery Section shall include a detailed discussion of the applicant’s approach to applicable service activities and management requirements from Section 2, Item III. - Scope of Work, including (as indicated), a work plan of all service activities and tasks to be completed, related work assignments/responsibilities and timelines/schedules.

The program proposal must include the following:

A. SERVICE DELIVERY PLAN FORM

Each proposed activity must be listed and categorized under the appropriate intervention category using the HIV Prevention Service Delivery Plan form (*Attachment E*). All required data must be completed.

B. PRIORITY POPULATION(S) TO BE SERVED

A clear, detailed description of the priority population or populations to be served including discussion of how services will focus on individuals at highest risk for contracting or transmitting HIV. If the proposed services focus on one or more sub-populations, this must be clearly described, and the justification for the focus of the proposal must be clearly articulated.

C. PROPOSED INTERVENTIONS

A clear, detailed descriptions of the intervention activities that will be conducted. If services are proposed for more than one of the eligible islands, clearly indicated which services will be provided on each island. For **each activity** include as applicable:

1. a description of the activity and how it will be implemented;
2. the activity’s program logic and the activity’s link to a demonstrated effective intervention;

3. duration and frequency of activities;
4. proposed program protocols (for PCM);
5. sources of clinical consultation for PCM staff (for PCM);
6. HIV prevention-related skills that will be addressed (for PCM or GLI);
7. the number of “core participants” (members of the focus population who plan and implement the activities) who will be involved (for CLD);
8. how the activities will link at risk individuals who are uncertain of their HIV status to CTR;
9. FTE to be devoted to the intervention; and
10. objectives the applicant proposes for 2005. Progress on objectives will be determined using information collected by the contracted agency. Objectives should be similar in format to the following example. (The intervention in this example would have been thoroughly described elsewhere in the proposal):

By the end of 2005, at least 20 IDU will each complete seven sessions of the “Safety Counts” GLI.

The SAPB reserves the right to modify proposed objectives to make them more consistent with state and federal evaluation requirements.

D. INTEGRATION OF STD AND VIRAL HEPATITIS IN HIV PREVENTION SERVICES

A detailed description of the integration activities that will be implemented. Include:

1. a description of integration activities and how they will be implemented;
2. program linkages to STD and hepatitis prevention involving the priority populations; and
3. specific objectives the applicant proposes. If applicable to the proposal, the applicant should use the objectives below for 2005, filling in “number” and “target population” to reflect the agency’s proposed goals for integration of STD and viral hepatitis into HIV prevention services. Progress on objectives will be determined using information collected by the contracted agency. Objectives:
 - a. By the end of 2005, the applicant will provide at least (number) referrals for STD and/or hepatitis services to (target population).

E. QUALITY ASSURANCE AND EVALUATION

In its proposal, the applicant is required to:

1. state how it plans to internally evaluate its progress on objectives;
2. describe resources that will be specifically allocated for evaluation, including FTE;
3. explain how its program evaluation will be used for program improvement;
4. discuss data confidentiality and data security precautions (with clients, among staff, with individuals and organizations not affiliated with the CBO, and physical and electronic security safeguards); and
5. state who will collect required data, how it will be collected, how it will be maintained by the applicant, who will report it to SAPB, and who will be involved in evaluation activities. Note that when the PEMS system becomes implemented statewide in May 2005, all data will be entered electronically by all CBOs in the state. Significant training will be provided to CBOs, including outreach workers, in preparation for the transition to PEMS.

F. TIME LINE

A time line that:

1. indicates start and end dates by month and year for all program activities;
2. provides a chronology of the proposed program activities;
3. reflects planning and program development;
4. covers the entire contract period; and
5. does not give the entire contract period as the start and end dates for every activity.

V. COST PROPOSAL

A. PRICING STRUCTURE BASED ON COST REIMBURSEMENT

The cost reimbursement pricing structure reflects a purchase arrangement in which the STATE pays the contractor for budgeted costs that are actually incurred in delivering the services specified in the contract, up to a stated maximum obligation.

1. The following budget form(s) which are contained in the POS manual shall be submitted with the POS Proposal Application:

SPO-H-205
SPO-H-205A
SPO-H-205B
SPO-H-206A

SPO-H-206B
SPO-H-206C
SPO-H-206D*
SPO-H-206E
SPO-H-206F
SPO-H-206G
SPO-H-206H
SPO-H-206I
SPO-H-206J*

* Note that while forms SPO-H-206D and SPO-H-206J are required to be submitted as part of the application, neither out of state travel (*SPO-H-206D*) nor motor vehicle purchases (*SPO-H-206J*) are allowable expenses under this RFP.

2. On Budget Form SPO-H-205, the applicant shall indicate all expenditures proposed under this RFP. A minimum of three (3) columns must be included on SPO-H-205 (see *Attachment F: "Sample: Form SPO-H-205"*):
 - a. one column showing all proposed program(s) specific service costs funded under this RFP;
 - b. one column showing all proposed administrative costs funded under this RFP; and
 - c. one column showing the total budget request which combines the above two (2) and any other columns which show expenditures proposed under this RFP.

For purposes of this RFP, "administrative costs" include depreciation or use allowances on buildings and equipment, the costs of operating and maintaining facilities, and general administration and general expenses, such as the salaries and expenses of executive officers, personnel administration and accounting. "Service costs" include wages and benefits of employees who directly provide the services, and the cost of materials, equipment, and supplies used to provide the services.

3. The applicant must also include a line by line narrative justification for all budget items proposed under this RFP (see *Attachment C: "Sample Narrative Budget Justification"*).

B. OTHER FINANCIAL RELATED

1. ACCOUNTING SYSTEM

In order to determine the adequacy of the applicant's accounting system as described under the administrative rules, the following document is requested as part of the POS Proposal Application:

- a copy of the applicant's most recent financial audit.

VI. OTHER

A. LITIGATION

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

STD/AIDS Prevention Branch

RFP No. DOH-04-16

Section 4

Section 4 Proposal Evaluation

I. Introduction

The evaluation of proposals received in response to the RFP will be conducted comprehensively, fairly and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

II. Evaluation Process

The procurement officer or an evaluation committee of designated reviewers selected by the head of the state purchasing agency or procurement officer shall review and evaluate proposals. When an evaluation committee is utilized, the committee will be comprised of individuals with experience in, knowledge of, and program responsibility for program service and financing.

The evaluation will be conducted in three phases as follows:

- C Phase 1 - Evaluation of Proposal Requirements
- C Phase 2 - Evaluation of POS Proposal Application
- C Phase 3 - Recommendation for Award

A. Evaluation Categories and Threshold

<u>Evaluation Categories</u>	<u>Possible Points</u>
Mandatory Requirements	Pass or Rejected
<i>POS Proposal Application</i>	100 Points
Background and Summary	10 points
Experience and Capability	20 points
Personnel: Project Organization and Staffing	10 points
Service Delivery	50 points
Financial	<u>10 Points</u>
TOTAL POSSIBLE POINTS	100 Points

III. Evaluation Criteria

A. Phase 1 - Evaluation of Proposal Requirements

(1) *Administrative Requirements*

- C Application Checklist
- C Registration (if not preregistered with the State Procurement Office)
- C Tax Clearance Certificate
- C Certifications

(2) *POS Proposal Application Requirements*

- C POS Application Title Page (Form SPO-H-200)
- C Table of Contents
- C Background and Summary
- C Experience and Capability
- C Personnel: Project Organization and Staffing
- C Service Delivery
- C Financial (All required forms and documents)
- C Program Specific Requirements (as applicable)

B. Phase 2 - Evaluation of POS Proposal Application (100 Points)

(1) *Background and Summary (10 Points)*

- C The applicant has demonstrated a thorough understanding of the purpose and scope of the service activity.
- C The goals and objectives are in alignment with the proposed service activity.
- C The applicant has described how the proposed service is designed to meet the pertinent issues and problems related to the service activity.

(2) *Experience and Capability (20 Points)*

The State will evaluate the applicant's experience and capability relevant to the proposal contract, which shall include:

- C Demonstrated skills, abilities, knowledge of, and experience relating to the delivery of the proposed services.

- C Sufficiency of quality assurance and evaluation plans for the proposed services, including methodology.
- C Demonstrated capability to coordinate services with other agencies and resources in the community.
- C Adequacy of facilities relative to the proposed services.

(3) *Personnel: Program Organization and Staffing (10 Points)*

The State will evaluate the applicant's overall staffing approach to the service that shall include:

- C That the proposed staffing pattern, client/staff ratio, and proposed caseload capacity is reasonable to insure viability of the services.
- C Minimum qualifications (including experience) for staff assigned to the program.
- C Demonstrated ability to supervise, train and provide administrative direction to staff relative to the delivery of the proposed services.
- C Organization Chart (Approach and rationale for the structure, functions, and staffing of the proposed organization for the overall service activity and tasks).

(4) *Service Delivery (50 Points)*

Evaluation criteria for this section will assess the applicant's approach to the service activities and management requirements outlined in the POS Proposal Application. The evaluation criteria may also include an assessment of the logic of the work plan for the major service activities and tasks to be completed, including clarity in work assignments and responsibilities, and the realism of the timelines and schedules, as applicable.

(5) *Financial (10 Points)*

Pricing structure based on cost reimbursement:

- C Personnel costs are reasonable and comparable to positions in the community.
- C Non-personnel costs are reasonable and adequately justified.

- C To what extent does the budget support the scope of service and requirements of the Request for Proposal?
- C Adequacy of accounting system.

IV. Phase 3 - Recommendation for Award

Each notice of award shall contain a statement of findings and decision for the award or non-award of the contract to each applicant.

STD/AIDS Prevention Branch

RFP No. DOH-04-16

Section 5

SECTION 5
ATTACHMENTS

Attachment

Document

- | | |
|----|--|
| A. | Competitive POS Application Checklist |
| B. | POS Proposal Application - Sample Table of Contents |
| C. | POS Proposal Application - Sample Narrative Budget Justification |
| D. | Definitions and Abbreviations |
| E. | Service Delivery Plan Form |
| F. | Sample: Form SPO-H-205 |
| G. | Neighbor Islands: Critical Interventions by Priority Population |

Attachment A

Competitive POS Application Checklist

Competitive POS Application Checklist

Applicant: _____

RFP No.: _____

The applicant's proposal must contain the following components in the order shown below. This checklist must be signed, dated and returned to the state purchasing agency as part of the POS Proposal Application. *SPO-H Forms are located on the web at <http://www.spo.hawaii.gov> Click on *Procurement of Health and Human Services*

Item	Reference in RFP	Format/Instructions Provided	Required by Purchasing Agency	Completed by Applicant
<i>General:</i>				
1. POS Proposal Application Title Page (SPO-H-200)	Section 1, RFP	SPO Website*	X	
2. Competitive POS Application Checklist	Section 1, RFP	Attachment A	X	
3. Table of Contents	Section 5, RFP	Section 5, RFP	X	
4. POS Proposal Application (SPO-H-200A)	Section 3, RFP	SPO Website*	X	
5. Registration Form (SPO-H-100A)	Section 1, RFP	SPO Website*	(Required if not Pre-Registered)	
6. Tax Clearance Certificate (Form A-6)	Section 1, RFP	SPO Website*		
7. Cost Proposal (Budget)				
SPO-H-205	Section 3, RFP	SPO Website*	X	
SPO-H-205A	Section 3, RFP	SPO Website*	X	
SPO-H-205B	Section 3, RFP	SPO Website*	X	
SPO-H-206A	Section 3, RFP	SPO Website*	X	
SPO-H-206B	Section 3, RFP	SPO Website*	X	
SPO-H-206C	Section 3, RFP	SPO Website*	X	
SPO-H-206D	Section 3, RFP	SPO Website*	X	
SPO-H-206E	Section 3, RFP	SPO Website*	X	
SPO-H-206F	Section 3, RFP	SPO Website*	X	
SPO-H-206G	Section 3, RFP	SPO Website*	X	
SPO-H-206H	Section 3, RFP	SPO Website*	X	
SPO-H-206I	Section 3, RFP	SPO Website*	X	
SPO-H-206J	Section 3, RFP	SPO Website*	X	
<i>Certifications:</i>				
8. Federal Certifications	Section 1, RFP	Section 5, RFP		
Debarment & Suspension		Section 5, RFP		
Drug Free Workplace Requirements		Section 5, RFP		
Lobbying		Section 5, RFP		
Program Fraud Civil Remedies Act		Section 5, RFP		
Environmental Tobacco Smoke		Section 5, RFP		
<i>Program Specific Requirements:</i>				
9. Narrative Budget Justification			X	
10.				

Authorized Signature

Date

Attachment B

POS Proposal Application - Sample Table of Contents

Sample

POS Proposal Application Table of Contents

I.	Background and Summary	1
II.	Experience and Capability	
	A. Necessary Skills and Experience	2
	B. Quality Assurance and Evaluation	3
	C. Coordination of Services.....	4
	D. Facilities	5
III.	Personnel: Project Organization and Staffing	
	A. Proposed Staffing.....	6
	B. Staff Qualifications	7
	C. Supervision and Training.....	8
	D. Organization Chart (Program & Organization-wide - attached)	
IV.	Service Delivery.....	9
V.	Attachments	
	A. Cost Proposal	
	1. SPO-H-205 Proposal Budget	
	2. SPO-H-206A Budget Justification - Personnel: Salaries & Wages	
	3. SPO-H-206B Budget Justification - Personnel: Payroll Taxes and Assessments, and Fringe Benefits	
	4. SPO-H-206C Budget Justification - Travel: Interisland	
	5. SPO-H-206E Budget Justification - Contractual Services - Administrative	
	B. Other Financial Related Materials	
	1. Financial Audit for fiscal year ended June 30, 1991.	
	C. Performance and Output Measurement Tables	
	1.	
	D. Program Specific Requirements	
	1.	

Attachment C

Sample Narrative
Budget Justification

SAMPLE NARRATIVE BUDGET JUSTIFICATION

1999 HIV Prevention Budget and Justification

Summary

Hawai'i's FY 1999 HIV/AIDS Prevention Cooperative Agreement is requesting \$1,735,732 in federal financial assistance. This is the same amount received in FY 1998. In accordance with the revised *1999 HIV Prevention Plan Update for the State of Hawai'i*, adjustments have been made to the contracts for HIV prevention activities to increasingly focus on those priority groups as identified by the plan. At a time of level funding and increasing demand for services, the STD/AIDS Prevention Branch of the Department of Health (DOH) has made every effort to reduce costs without negatively impacting upon the delivery of services as well as conforming to the recommendations of the Hawai'i HIV Prevention Community Planning Group.

I. PERSONNEL 502,500

Request includes 16 previously funded positions.

- A. Disease Intervention Specialists (DIS) 265,200
8.5 Positions: (Employee 1), (Employee 2), (Employee 3), (Employee 4),
(Employee 5), (Employee 6), (Employee 7), (Employee 8), and (Employee 9).

These positions are under the STD/AIDS Prevention Branch of the Department of Health (DOH). Although they are housed in different health centers, they all have the same functions -- HIV antibody counseling and testing. The staff in these positions will be performing full-time HIV antibody counseling and testing (C&T) activities including: Phlebotomy; pretest counseling; post-test counseling; encouraging partner notification and referral of seropositive patients, including guidance of appropriate methods of referrals, and notifying sex and needle-sharing partners of seropositive patients, including counseling and testing as appropriate. These positions will also be involved in outreach counseling and testing with OraSure by accompanying CHOW outreach workers on all islands. They also will collaborate with other agencies to provide counseling and testing to at-risk populations. These positions will allow the program to accomplish the objectives in Counseling, Testing, Referral, and Partner Notification (CTRPN).

Five positions will be working in the HIV Antibody Clinic at the Diamond Head Health center on O`ahu during various days. They also provide HIV antibody counseling, testing, referral and partner notification services in support of the STD Clinic. The HIV Antibody Clinic at the Diamond Head Health Center currently performs 600 HIV antibody tests per month. These five positions will also provide outreach counseling and testing services in other sites which include drug

SAMPLE NARRATIVE BUDGET JUSTIFICATION

treatment facilities, TB Clinic, family planning clinics, colleges, prisons, medical clinics, and the CHOW mobile van. These counseling and testing sites are scheduled during various days and hours.

Four positions are assigned to the neighbor islands -- one for Maui County; two for the island of Hawai'i, which is the largest island geographically and has one position assigned to each of the two main population centers on the opposite sides of the island -- Hilo and Kona; and one half-time position for the island of Kaua'i.

- B. Clerk Stenographer 22,100
(Employee 10)

This position is under the DOH and will be housed on O`ahu. This position will be responsible for all the clerical, stenographic and statistical functions of the HIV Antibody Counseling and Testing Program, including: preparing HIV antibody clinic records and forms, posting of laboratory results onto medical records; filing of HIV antibody medical records, tabulating all epidemiologic data through an electronic data system; providing stenographic support to the DIS; and preparing all purchase orders for office and laboratory supplies of the HIV Antibody Counseling and Testing Program.

- C. Public Health Educator IV 138,700
4 Positions: (Employee 11), (Employee 12), (Employee 13), and vacant to be hired.

These four public health educators are located on O`ahu. Each of these educators will undertake a diversity of statewide, community-based activities to implement the impact objectives stated in the grant. These educators will coordinate and collaborate with government and community leaders throughout the state to establish networks which facilitate HIV/STD education among populations at risk for HIV. These educators will continue to provide some direct service HIV/STD education to populations at high risk for HIV, including men who have sex with men, injection drug users, women, transgender, youth at risk for HIV, cultural and ethnic minority populations, incarcerated populations, and other underserved populations at risk for HIV. However, the priority for these health educators will be community coordination and providing technical assistance to HIV/STD-related agencies statewide.

II. FRINGE BENEFITS

27.17% x \$502,500 \$136,529

SAMPLE NARRATIVE BUDGET JUSTIFICATION

	TOTAL PERSONNEL COSTS	\$639,029
III.	TRAVEL	44,880
A.	In-state Travel	33,150
1.	Interisland Travel	23,650
a.	Counseling and Testing	2,530
	<p>This amount is necessary for the four neighbor island disease intervention specialists to travel to O`ahu for the annual staff meeting and training. The costs of the meetings include \$300 (\$74 per person x 4 people) air fare; per diem costs of \$160 (\$40 per day x 4 people); car rental costs of \$40; and airport parking fees of \$40 (\$10 per day x 4 people).</p> <p>Interisland travel is also necessary for the CTRPN trainer to travel to each island to provide HIV Prevention Counseling training to staff at community agencies and at AIDS service organizations. Costs for this activity include \$150 (\$74 per person X 2 trips) airfare; per diem costs of \$720 (\$80 per day X 9 days); car rental costs of \$360 (\$40 per day X 9 days); and airport parking fees of \$100 (\$10 per day X 10 days).</p>	
b.	Community Planning	13,170
	<p>This amount is necessary for the neighbor island community planning group representatives to travel to O`ahu to attend Community Planning Group (PCPG) and PCPG committee meetings. The costs of the meetings include \$6,660 (\$74 per person X 9 people X 10 meetings) air fare. Funding is also necessary for the seven committees to meet on O`ahu for a total of 45 meetings.</p>	
c.	Health Education/Risk Reduction and Public Information	2,600
	<p>Travel costs are also necessary for the 4 public health educators on O`ahu for use of their personal car for travel to various AIDS</p>	

SAMPLE NARRATIVE BUDGET JUSTIFICATION

prevention activities. The estimated cost is \$2,400 (\$50 per month X 4 people X 12 months). The clerk stenographer also is assigned duties which involves the use of her personal car for such travel to various AIDS meetings to take minutes and travel to the various vendors to pick up educational supplies. The estimated cost is \$200 (\$17 per month X 12 months).

IV.	SUPPLIES	101,893
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A.	ELISA Kits (serum) \$3.00 per test X 16,800	50,400
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This amount is necessary to purchase the HIV antibody testing kits for the Laboratories Branch of the Department of Health. An estimated 14,000 tests will be performed by the laboratory for HIV antibody testing during this budget period. Assuming an average of 20% of the tests will be performed for repeat testing of positives/indeterminates and for quality control testing as required by the manufacturer as well as for CLIA, a total of 16,800 tests will be performed. This total includes all tests performed through the counseling, testing and partner notification program. Thus, the estimated cost for this budget period is \$50,400. (16,800 tests X \$3.00/test)

B.	Reagents and Laboratory Supplies (\$25 per test X 220 tests)	5,500
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This amount is necessary to purchase laboratory supplies to perform the Western Blot test. During the budget period, we plan to perform a total of 14,000 tests. Assuming a 1.6% positivity rate/indeterminate rate, we may anticipate performing 220 Western Blot tests.

C.	Laboratory Supplies	1,000
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This amount is necessary to purchase the miscellaneous laboratory supplies to perform the ELISA and Western Blot tests. Costs include dilution tubes, storage vials, gloves, certified mailing packages and disinfectants.

D.	Other Counseling and Testing Supplies	17,600
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1.	Laboratory Forms	8,300
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SAMPLE NARRATIVE BUDGET JUSTIFICATION

11,000 forms X \$.75 per form

2. Paper Supplies and Printing Costs 1,000

This amount is needed for AIDS Informed Consent Forms and educational supplies.

3. Phlebotomy Supplies 8,300

This amount is necessary to purchase vacutainers, needles, needle holders, bandaids, cotton, alcohol, gloves and sharps collectors necessary for performing phlebotomy on 11,000 patients at \$0.75 per patient.

- E. HIV Antibody Counseling and Testing Supplies (oral) 13,400

The HIV antibody counseling and testing program is planning to continue the outreach program to provide HIV counseling and testing services through oral collection devices to hard to reach men who have sex with men as well as IDUs. Assuming an average of 20% of the tests will be performed for repeat testing of positives/indeterminates and for quality control testing as required by the manufacturer as well as for CLIA, a total of 1,620 tests will be performed. The laboratory costs include:

HIV antibody test kits
1,620 tests X \$4.00 per test = \$6,480

OraSure oral specimen
collection device 1,350 X \$3.60 = \$4,860

Reagents and other
laboratory supplies \$2,060

- F. Educational Supplies \$7,200

Educational supplies such as pamphlets are an integral part of the AIDS health education program. Pamphlets and booklets from Channing L. Bete Company and other vendors. The pamphlets are distributed to Hawai'i residents on all islands.

20,000 pamphlets @ \$0.36 7,200

Attachment D

Definitions and Abbreviations

DEFINITIONS AND ABBREVIATIONS

RFP Definitions

Interventions:

HIV Counseling, Testing and Referral (CTR) supports individuals in assessing their risk for HIV and learning their HIV status, as well as linking them to appropriate services. CTR involves pre-test counseling, administering the test, delivering the results, post-test counseling. CTR also includes referral to appropriate services, and for seropositive individuals, encouraging partner notification by the client and/or eliciting partners names and/or identifying information for notification by the DOH.

Individual-Level Interventions¹ (ILI) aim to change an individual's behavior through one-on-one risk reduction interactions that include risk reduction counseling and skills building. ILI is an HIV prevention intervention of at least three sessions with each session lasting between 30 and 90 minutes. The intervention shall include a client-centered assessment of HIV risk behaviors and an individualized risk reduction plan, developed jointly by the client and the prevention worker. The intervention, which may be peer or non-peer based, must include activities to build appropriate skills the client can use in reducing HIV-related risk. ILI may occur in an outreach or institutional (e.g., office, workplace, school) setting. ILI should also facilitate linkages to services that assist clients in addressing barriers to HIV risk reduction (e.g., substance abuse treatment).

Outreach¹ interventions are conducted by peers or paid staff with high risk individuals in areas where the clients typically congregate. Outreach usually involves distributing risk reduction materials such as condoms, safer sex kits, and safer injecting supplies, and providing risk reduction information on HIV, hepatitis and STDs, providing brief harm reduction-based counseling, and providing linkages to CTR, STD screening and treatment, hepatitis education, screening, vaccination and treatment, and to P4P services. Outreach is also a term used to describe a method of delivering interventions such as CTR, ILI, and PCM, in which case it refers to the location and context in which the

¹**Outreach vs. Individual-Level Interventions:** Both outreach and ILI involve one-on-one interaction, and since ILI are often provided in outreach settings, these two interventions are sometimes confused. Not all one-on-one outreach contacts are individual-level interventions. For example, an interaction consisting of one way communication from the outreach worker to the client is an outreach contact, rather than an ILI. This type of one way communication might include creating awareness of the outreach worker's function, and resources he/she has available. A one-on-one outreach contact becomes an individual-level intervention when the outreach worker engages the client in an interaction that includes a skills building component and back and forth discussion of the client's own risk behaviors, and the outreach worker utilizes behavior change theory and techniques with goals specific to the client's situation. In addition, ILIs, unlike outreach, are intended to be multiple session interventions.

DEFINITIONS AND ABBREVIATIONS

intervention takes place, not the type of intervention.

Partner Counseling and Referral Services (PCRS) is a systematic approach to identifying and notifying sex and needle sharing partners of HIV infected persons of their possible exposure to HIV so they can avoid infection, or if already infected, can prevent transmission to others. PCRS helps partners gain earlier access to HIV testing, individualized counseling, medical evaluation, treatment, and other services.

Prevention Case Management (PCM) is a more intensive intervention than ILI. PCM is a client centered HIV prevention intervention with the fundamental goal of promoting the adoption of HIV risk reduction behaviors by individuals with multiple, complex problems and risk reduction needs. PCM is a hybrid of HIV risk reduction counseling and traditional case management, which provides intensive, ongoing, and individualizes prevention counseling, support, and service brokerage. It includes substance abuse and/or mental health counseling services, and therefore requires staff with appropriate clinical skills, or availability of community resources to meet these needs. While clients may have numerous unmet needs, the fundamental goal of PCM must be to reduce HIV risk. PCM is a multiple session intervention, with sessions lasting at least 30 minutes.

Goals, Objectives and Evaluation:

Evaluation is the systematic collection of information about the activities, characteristics, and outcomes of programs to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming.

A **goal** is a broad statement of what a program is designed to accomplish—the desired long-term aim of the program. A goal would not necessarily describe what the program will accomplish at the end of the contract period. A goal may or may not have an end point. An example of a goal for a program is “to decrease the transmission of HIV infection among MSM in Hawai`i.”

Objectives are statements of what a program will do or achieve in order to reach the program’s overall goal. Objectives must be measurable in quantifiable terms (who will do what, when, where and by how much). An objective can either describe program **process** or **outcome**:

Process Objectives state what activities will be *conducted by program staff* in order to accomplish one or more of the program’s outcome objectives.

DEFINITIONS AND ABBREVIATIONS

Outcome Objectives are the intended results of a program. Outcome objectives are often phrased in terms of the changes in knowledge, attitudes, beliefs, behaviors and/or skills that are expected to result from implementation of the program. Changes in knowledge, attitudes, beliefs, behaviors and/or skills should, in some specific way, make progress toward the program's stated goal.

Process Monitoring describes the characteristics of the population served, the services provided, and resources used to deliver those services. Process monitoring answers the questions: "*What services were delivered?*" and "*What population was served?*" and "*What resources were used?*"

Process Evaluation examines how the intervention was delivered, differences between the intended population and the population served, and access to the intervention. Process evaluation answers the questions: "*Was the intervention implemented as intended?*" and "*Did the intervention reach the intended audience?*" and "*What barriers did clients experience in accessing the intervention?*"

Outcomes Monitoring measures changes in clients' knowledge, attitudes, beliefs, behaviors, and/or skills before and after (or during) the intervention. Outcomes monitoring does not include a "comparison group" of individuals who do not participate in the intervention, so changes in client characteristics cannot be directly attributed to the intervention. Outcomes monitoring answers: "*Did the expected outcomes occur?*"

Outcomes Evaluation measures changes in clients' knowledge, attitudes, beliefs, behaviors and/or skills before and after the intervention as well as changes for a similar group of individuals who do not participate in the intervention. The inclusion of a "comparison" group means that client changes can be attributed to the intervention. Outcomes evaluation answers: "*Did the intervention cause the expected outcomes?*"

Primary HIV Prevention

Primary prevention activities are aimed at preventing new HIV infections. Primary prevention includes: 1) interventions with HIV infected persons to assist them in reducing the likelihood that they will transmit HIV to someone else; and 2) interventions with people who are not HIV infected to reduce the likelihood that they will become infected.

DEFINITIONS AND ABBREVIATIONS

RFP ABBREVIATIONS

ADA	Americans with Disabilities Act
AEQ	AIDS Educators Quarterly Meeting
AIDS	Acquired Immunodeficiency Syndrome
CBO	Community-Based Organization
CDC	Centers for Disease Control and Prevention
CPG	The Hawai`i State HIV Prevention Community Planning Group; the federally mandated committee, made up of individuals representing the diversity of people affected by HIV, responsible for guidance and planning decisions regarding HIV prevention.
CTR	counseling, testing and referral
DOH	Hawai`i State Department of Health
FTE	full-time equivalent; one or more individuals working a cumulative total of 40 hours each week.
Gay MAP	Gay Men`s AIDS Prevention; the statewide outreach worker meeting for HIV prevention to MSM
HIV	human immunodeficiency virus
HIV+	HIV positive; living with HIV
IDU	injecting drug user
ILI	individual-level intervention
IRB	institutional review board
MSM	men who have sex with men; this term is used to refer to men who have sex with other men regardless of whether they publically or privately identify themselves gay, bisexual, heterosexual or otherwise. For the purposes of this RFP, MSM refers not only to adult men, but to young males as well.

DEFINITIONS AND ABBREVIATIONS

MSM/IDU	men who have sex with men AND inject drugs
P4P	Prevention for positives. Services provided to persons living with HIV to assist them in reducing their risk for transmitting HIV to others. Also referred to as “primary prevention for HIV infected persons” (PHIP)
PCM	prevention case management
PCRS	partner counseling and referral services
PEMS	Program Evaluation and Monitoring System
PHIP	Primary prevention for HIV infected persons. Services provided to persons living with HIV to assist them in reducing their risk for transmitting HIV to others. Also referred to as “prevention for positives” (P4P)
The Plan	The Comprehensive HIV Prevention Plan for the State of Hawai`i; the document produced by the CPG that guides HIV prevention efforts. In this document, the CPG prioritizes the HIV prevention services to be provided and to whom they are to be provided.
PSE	public sex environment
RFP	request for proposals; a document, such as this, which outlines services required, and solicits proposals for the provision of these services.
SAPB	STD/AIDS Prevention Branch of the Hawai`i Department of Health
STD	sexually transmitted disease
T-CAC	The statewide outreach worker meeting for HIV prevention to TG
TG	Transgender; individuals who do not identify with their biological gender at birth. Herein TG refers only to MTF (male-to-female) TGs: individuals who were born biologically male, but do not currently identify themselves as male.
WAC	The statewide outreach worker meeting for HIV prevention to women at risk

Attachment E

Service Delivery Plan Form

SERVICE DELIVERY PLANS: 1/01/05-12/31/05

APPLICANT: _____

DATE: _____

CTR, ILI, PCM, Outreach Service Delivery Plan Form

Fill in the boxes with the corresponding information for each risk population for each proposed intervention. An example is provided in the worksheet below. An empty worksheet is provided on the next two pages, followed by a description of each column.

Type of Intervention	Intervention Name	Intervention To Target HIV Positive Individuals? (Yes/No)	Risk Population	Number of Sessions Constituting a Completed Intervention	Number of Clients/Contacts Served with DOH Funds	Percent DOH Contribution to Total Intervention Cost
Outreach	PSE Outreach to TG at Risk	No	TG at Risk	n/a	200	50%
ILI	P4P	Yes	MSM	3	15	100%
ILI	P4P	Yes	Women at Risk	3	15	100%
CTR	MSM CTR	No	MSM	n/a	50	75%
PCM	MSM/IDU PCM	No	MSM/IDU	variable	4	100%

SERVICE DELIVERY PLANS: 1/01/05-12/31/05

CTR, ILL, PCM, Outreach Service Deliver Plan Form

Fill in the boxes with the corresponding information for each risk population for each proposed intervention.

Type of Intervention	Intervention Name	Intervention To Target HIV Positive Individuals? (Yes/No)	Risk Population	Number of Sessions Constituting a Completed Intervention	Number of Clients/Contacts Served with DOH Funds	Percent DOH Contribution to Total Intervention Cost

SERVICE DELIVERY PLANS: 1/01/05-12/31/05

Column Descriptions

Type of Intervention: This column refers to the type of intervention proposed by the contracted agency, such as HIV counseling, testing and referral (CTR), individual-level interventions (ILI), prevention case management (PCM), and outreach.

Intervention Name: This column refers to the name of the intervention and may be as simple as “MSM ILI” or “P4P ILI” or may be a more specific name related to the behavioral intervention selected (such as Mpowerment) or it could be a name given to the program by the agency.

Intervention to Target HIV Positive Individuals? (Yes/No): This question refers only to whether the intervention specifically targets HIV positive individuals (such as the P4P program). Programs that may reach HIV positive individuals, but do not specifically target them as a program goal, would answer no to this question.

Risk Population: This question refers to the six priority populations identified by the Hawaii Community Planning Group and funded by the Hawaii Department of Health. They include, in order of prioritization, HIV+ individuals, MSM/IDU, MSM, IDU, TG at risk, and women at risk.

Number of Sessions Constituting a Completed Intervention: This column refers to the number of sessions required to complete an intervention with a client. An agency must specify the number of sessions required for a client to complete an ILI in its contract with DOH. For PCM, the agency may determine upon completion of a risk assessment at intake, how many sessions is required for that client to reach his or her risk reduction goals.

Percent DOH Contribution to Total Intervention Cost: This column refers to the percent that DOH funds are expected to contribute to total costs to provide the intervention to a specific risk population. For example, if an agency is receiving funding for CTR to MSM from multiple sources, DOH needs to know not only how many MSM clients are being tested using DOH funds, it needs to know what percentage of total funding that represents (e.g., DOH dollars account for 80% of an agency’s funding for CTR for MSM).

Attachment F

Sample:
Form SPO-H-205

BUDGET

(Period _____ to _____)

Applicant/Provider: _____

RFP No.: _____

Contract No. (As Applicable): _____

BUDGET CATEGORIES	Budget Request (a)	Program Specific (b)	Administrative Costs (c)	(d)
A. PERSONNEL COST				
1. Salaries				
2. Payroll Taxes & Assessments				
3. Fringe Benefits				
TOTAL PERSONNEL COST				
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island				
2. Airfare, Out-of-State				
3. Audit Services				
4. Contractual Services - Administrative				
5. Contractual Services - Subcontracts				
6. Insurance				
7. Lease/Rental of Equipment				
8. Lease/Rental of Motor Vehicle				
9. Lease/Rental of Space				
10. Mileage				
11. Postage, Freight & Delivery				
12. Publication & Printing				
13. Repair & Maintenance				
14. Staff Training				
15. Substance/Per Diem				
16. Supplies				
17. Telecommunication				
18. Transportation				
19. Utilities				
20.				
21.				
22.				
23.				
TOTAL OTHER CURRENT EXPENSES				
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
TOTAL (A+B+C+D)				
SOURCES OF FUNDING	(a) Budget Request	Budget Prepared By:		
	(b)	Name (Please type or print) _____ Phone _____		
	(c)	Signature of Authorized Official _____ Date _____		
	(d)	Name and Title (Please type or print) _____		
TOTAL REVENUE	For State Agency Use Only			
	Signature of Reviewer _____			Date _____

SAMPLE

Attachment G

Neighbor Islands: Critical Interventions by Priority Population

Neighbor Islands: Critical Interventions by Priority Population

- 1. Priority Population: HIV Infected Persons**
 - HIV Counseling, Testing & Referral;
 - Individual-level Interventions; and
 - HIV Prevention Case Management.

- 2. Priority Population: Men who have Sex with Men and Inject Drugs (MSM/IDU)**
 - HIV Counseling, Testing & Referral;
 - Outreach;
 - Individual-level Interventions; and
 - HIV Prevention Case Management.

- 3. Priority Population: Men who have Sex with Men (MSM)**
 - HIV Counseling, Testing & Referral; and
 - Outreach.

- 4. Priority Population: Injecting Drug Users (IDU)**
 - HIV Counseling, Testing & Referral;
 - Outreach; and
 - Individual-level Interventions.

- 5. Priority Population: Transgender at risk (TG)**
 - HIV Counseling, Testing & Referral;
 - Outreach; and
 - Individual-level Interventions.

- 6. Priority Population: Women at risk**
 - HIV Counseling, Testing & Referral;
 - Outreach; and
 - Individual-level Interventions.